

Exhibit 12

*United States of America ex rel. Ven-A-Care of the Florida Keys, Inc.,
et al. v. Dey, Inc., et al., Civil Action No. 05-11084-PBS*

**Exhibit to the Declaration of Marisa A. Lorenzo in Support of Dey's
Motion to Exclude the Opinions of Mark Duggan, Ph.D.**

Medicaid Prescription Drug Pricing Survey

INTERVIEW SHEET

Respondent: Louise Jones State: AL
Name of Agency: Alabama Medicaid Date Completed: 1/15/2007

A. General Background

1. What is your State's reimbursement methodology for drugs covered under the prescription drug benefit?

Lowest WAC + 9.2%, FCL, VU, NDC
If not available AWP + 10%.

2. What does your State use as its source of pricing information for drugs covered under the prescription drug benefit?

First DB

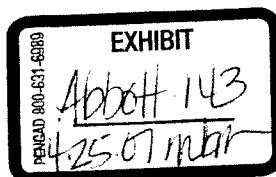
3. Who calculates your State's reimbursement amounts for drugs covered under the prescription drug benefit?

- We do it ourselves.
- We contract with First Databank to do it.
- We contract with a different outside source to do it. (Please name source)

Source:

4. Are you aware that First Databank has recently reported more accurate AWPs for over 400 NDCs based on work done by the U.S. Department of Justice (DOJ) and the National Association of Medicaid Fraud Control Units (NAMFCU)?

- Yes
- No



27. Please add any other comments you may have about the use of more accurate AWPs for the Medicaid program.

Before implementation, wants to make sure there are no access problems.

1) access problems

many of the prices (esp hemophelia)
may be too low if discount is
taken off.

2) short term solution

- a) how will prices be updated
- b) can just take prices from Renacare or other pharmacy & make this a national price. Small rural issue.

3) FOB is not taking responsibility

How is DOJ + NAMFCU pricing Pharma products?

To effectively make a difference, focus should be on manufacturers.

can't look at this in a vacuum.

New prices effect total system

AWP is basis for HMO, other reimbursers too.

27. Please add any other comments you may have about the use of more accurate AWPs for the Medicaid program.

Must look at dispensing fees & AWPs.
Look at whole reimbursement structure,
the big picture.

NAMRCU did not really include experts
(Pharmacy Directors) when deciding this issue.

B. Implementation of New First Databank Prices

5. Is your agency currently using the more accurate AWPs calculated by the DOJ and the NAMFCU and reported by First Databank?

- Yes, we are using the new prices for all of the listed drugs.
- Yes, we are using the new prices for some of the listed drugs.
- No, we are not currently using the new prices but did at one time.
- No, we have never used the new prices for any of the listed drugs.

6. If you have ever used the new prices, when did you begin?

Month/Year 5/1/2000

7. If your agency is currently using the new prices, do you plan to do so for the foreseeable future?

- Yes
- No

8. If you implemented the new prices but are no longer using them, what month did you stop?

Month/Year 5/1/2000

9. If you are not currently using the new prices, what reasons led to this decision?

10. When the new prices were implemented, did your State change its reimbursement methodology for the affected drugs in any manner?

- Yes
- No

At first took AWP 11%o. Received lots of complaints. Then ~~we stopped giving~~ we stopped giving claims. No longer took AWP 11%o, straight AWP as show of faith. Did this starting Nov. Then paid retroactive claims to make up for it. Pros said they would stop giving claims without access.

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Concerns that providers would not be adequately reimbursed after discount. Little input into decisions. Where did prices come from?

Also pressure from groups

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